

Division of Substance Abuse and Mental Health



Area Plan Elements and Division Requirements

Fiscal Year 2008

April 2007

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• Refer to DSAMH SAMHIS System for Current Data Specifications and Validation Requirements on the following:	
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➤ Mental Health Dataset (MHE) and File Format for FY07	
➤ Substance Abuse Treatment Episode Data Set (TEDS) File Format and Definitions	

AREA PLAN



State Fiscal Year 2008

Area Plan Elements for State Fiscal Year 2008

Required by Statute

Based on Statute 62A-15-103, the Division requires each Local Authority to submit an Area Plan to the Division by May 1, 2007. State Statute, Administrative Rules, and the current contract require that the following elements be included in the Area Plan.

In addition to the required elements identified below, the Area Plan should also address what the Local Authority considers their Area Plan to be for substance abuse and mental health programs for State Fiscal Year 2008.

Governance and Oversight/Financial Elements:

1. The Local Authority is required to submit the FY2008 Area Plan Budget form, provided by the Division as part of the Local Authority Plan. An Excel file, with the spreadsheet, will be provided to the finance directors and must be submitted in Excel Format to Tracy Luoma at the Division of Substance Abuse and Mental Health to the following email address: tluoma@utah.gov. The Budget form must also be submitted as part of the Plan.
2. Signature Page – **See Page 4.**

Mental Health Elements:

1. Include a comprehensive continuum of mental health services.
(UCA 62A-15-103 (2))
2. Include services for adults, youth and children, which shall include:
 - Inpatient care and services
 - Residential care and services
 - Outpatient care and services
 - 24-hour crisis care and services
 - Psychotropic medication management
 - Psychosocial rehabilitation, including vocational training and skills development
 - Case management
 - Community supports, including in-home services, housing, family support services, and respite services
 - Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information
 - Services to persons incarcerated in a county jail or other county correctional facility (UCA 17-43-301 (4)(b)).
3. Include a method to educate families concerning mental illness and to promote family involvement when appropriate and with patient consent, in the treatment program of a family member (Administrative Rules R523-1-20).
4. Define the Center's priorities for service and the population to be served (Administrative Rules R523-1-12).

Substance Abuse Elements:

1. Include a comprehensive continuum of substance abuse services (UCA 62A-15-103).
2. Include universal services (primary), selected services (targeted), indicated services (early intervention), and treatment services. (UCA 17-43-201).
3. Include provisions for services, either directly or by contract, for adults, youth and children (including those incarcerated in a county jail or other county correctional facility) as required by UCA 17-43-201.
4. Include provisions for persons convicted of driving under the influence in violation of Section 41-6a-502 or 41-6a-517, as required by UCA 17-43-201.

LOCAL AUTHORITY AREA PLAN

OFFICIAL SIGNATURES

IN WITNESS WHEREOF, the Local Authority and its chosen Service Provider execute this Area Plan to be effective during State Fiscal Year 2008. In executing this Area Plan the Local Authority acknowledges that pursuant to the terms of Contract # _____ between itself and the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH), if this Area Plan is approved by DHS/DSAMH, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference and shall be binding on the parties thereto.

LOCAL AUTHORITY

By: _____
(Signature of appropriate Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: _____

Title: _____

Date: _____

AGENCY DIRECTOR

By: _____
(Signature of Agency Director as Designated by Local Authority)

PLEASE PRINT:

Name: _____

Title: _____

Date: _____

Division of Substance Abuse and Mental Health FY2008 Area Plan Budget

Local Authority _____

[illegible]

Division of Substance Abuse and Mental Health

FY2008 Area Plan Budget

Local Authority _____

	Program Area	State General Fund	20% Local County Match	Other Local County Funds	Medicaid	Mental Health Block Grant (Formula)	SAPT Pregnant Women & Women w/ Dependent Children Set-Aside	SAPT Prevention Set-Aside 20%	SAPT Block Grant Non Set-Aside	Other Federal Funds	DUI Fees on Fines	Governor's SDFSCA Prevention Funds	Other Revenue	TOTAL FY2008
Substance Abuse Treatment Programs	Treatment													
	Level Of Care Treatment													
	Detoxification (24 Hour Care)													
	Hospital Inpatient													\$ -
	Free-standing Residential													\$ -
	Rehabilitation/Residential													
	Hospital Inpatient (Rehabilitation)													\$ -
	Short-term (up to 30 days)													\$ -
	Long-term (over 30 days)													\$ -
	Rehabilitation/Ambulatory													
	Outpatient (Methadone)													\$ -
	Outpatient (Non- Methadone)													\$ -
	Intensive Outpatient													\$ -
	Detoxification (Outpatient)													\$ -
	Jail or other Correctional Facility													\$ -
	Other													\$ -
	Total Level of Care Treatment	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Amounts in "Other" must be accompanied by a description of the service being provided

Division of Substance Abuse and Mental Health

FY2008 Area Plan Budget

Local Authority _____

	Program Area	State General Fund	20% Local County Match	Other Local County Funds	Medicaid	Mental Health Block Grant (Formula)	SAPT Pregnant Women & Women w/ Dependent Children Set-Aside	SAPT Prevention Set-Aside 20%	SAPT Block Grant Non Set-Aside	Other Federal Funds	Criminal Justice Funds	Governor's SDFSCA Prevention Funds	Other Revenue	TOTAL FY2008
Substance Abuse Prevention Programs	Prevention													
	Prevention Funding Classified by the Six CSAP Strategies													
	Information Dissemination													\$ -
	Education													\$ -
	Alternatives													\$ -
	Problem Identification and Referral													\$ -
	Community-Based Education													\$ -
	Environmental													\$ -
	Total of CSAP Strategies Data	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	*This total and Targeted Population total should be the same. They are different ways of breaking out the same funds.													
	Prevention Funding Sorted by Targeted Population													
	Universal Services													\$ -
	Selective Services													\$ -
	Indicated Services													\$ -
	Other													\$ -
	Total of Population Data	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	*This total and CSAP Strategies total should be the same. They are different ways of breaking out the same funds.													
	Substance Abuse Grand Total	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Amounts in "Other" must be accompanied by a description of the service being provided

Division of Substance Abuse and Mental Health

FY2008 Area Plan Budget

Local Authority _____

	Program Area	State General Fund	20% Local County Match	Other Local County Funds	Medicaid	Mental Health Block Grant (Formula)	SAPT Pregnant Women & Women w/ Dependent Children Set-Aside	SAPT Prevention Set-Aside 20%	SAPT Block Grant Non Set-Aside	Other Federal Funds	Criminal Justice Funds	Governor's SDFSCA Prevention Funds	Other Revenue	TOTAL FY2008
Mental Health Programs	Inpatient Care and Services													\$ -
	Residential Care													\$ -
	Outpatient Services													\$ -
	24-Hour Crisis Care													\$ -
	Medication Management													\$ -
	Psychosocial Rehabilitation													\$ -
	Case Management													\$ -
	Community Supports													
	In-Home Services													\$ -
	Housing													\$ -
	Family Support and Respite													\$ -
	Consultation and Education													\$ -
	Services in Jails													\$ -
	Other													\$ -
	Mental Health TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -			\$ -	\$ -

Amounts in "Other" must be accompanied by a description of the service being provided

DIVISION REQUIREMENTS



State Fiscal Year 2008

Division Requirements for Fiscal Year 2008

The following are additional requirements that are not addressed in the contract and will be monitored for implementation.

Governance and Oversight/Financial Requirements:

1. Each Mental Health Local Authority will submit a revenue and expenditure report to the Division by April 30th of each year. The report will reflect the previous years actual revenue and expenditures. For example, the April 30, 2007 report will reflect 2006 numbers.
2. All Substance Abuse Local Authorities will be required to complete and submit entity data in the year-end report, by August 30, 2007. The year-end report will be provided.
3. The Division Area Plan Budget forms must be completed with state fiscal year 2007 actual revenue and expenditure data and submitted no later than August 30, 2007.
4. The Division Area Plan Budget forms must be completed with state fiscal year 2008 actual revenue and expenditure data and submitted no later than August 30, 2008.

Mental Health Requirements:

1. Mental Health Block Grant funds are only expended for non-Medicaid eligible services and cannot be used for purchasing the following: inpatient services, purchasing or improving land, construction or remodeling facilities, purchasing major medical equipment, or as match for federal funds (Public Health Services Act (42 USC 300x-1) (Section 1916).
2. Keeping in mind the Hope and Recovery model as a Division priority, the two Fundamental Components of Recovery will be assessed during the monitoring visits to assure they have been implemented. The division, in cooperation with the local mental health authority will select two of the following 10 fundamental components of recovery which will be assessed during the monitoring visits for FY08:
 - Self-direction
 - Individualized and Person-Centered
 - Empowerment
 - Holistic
 - Non-Linear
 - Strengths-Based
 - Peer Support
 - Respect
 - Responsibility
 - Hope

Substance Abuse Requirements:

To complete the SAPT block grant application, States must project the number of clients that will be served in SFY 2007. DSAMH will require each Local Authority to provide the planned number of clients served in each level of the substance abuse continuum identified below for State Fiscal Year 2008 (July 1, 2007 –June 30, 2008) by August 30, 2007:

Substance Abuse Continuum of Treatment Service Areas

Detoxification (24 Hour Care)

- a. Hospital Inpatient
- b. Free- standing Residential

Rehabilitation/Residential

- a. Hospital Inpatient) Rehabilitation)
- b. Short-term (up to 30 days)
- c. Long-term (over 30 days)

Rehabilitation/Ambulatory

- a. Outpatient (Methadone)
- b. Outpatient (Non-Methadone)
- c. Intensive Outpatient
- d. Detoxification
- e. Other (e.g. Jail or other Correctional Facility)

Prevention Evaluation Requirements For Block Grant and General Fund Programs

Effective Date: July 1, 2007

Notes about this document:

- Collection of data may need to be changed based on federal requirements.
- Technical assistance will be available to assist the Local Authorities in meeting all aspects of the evaluation requirements.

Substance Abuse Prevention Minimum Evaluation and Data Submission Requirements

Local Substance Abuse Authorities will submit data on all programs, services and activities using PATS. Prevention Logic Models will be created for all services to establish expected short, intermediate and long-term outcomes.

INDIRECT SERVICES

Media Campaigns, Public Service Announcements, Press Releases

Minimum Evaluation

- Provide documentation of efforts at annual site review
 - News clippings, press releases, video tapes, reach and frequency of ad or PSA, etc.

Social Norms Marketing

- Pre/post test results of attitudes and use rates in electronic format.
- Provide documentation of efforts at annual site review
 - Examples of posters, media efforts, reach and frequency, etc.

Retailer Trainings

Minimum Evaluation

- PATS information
 - Demographics, Hours
- Provide documentation of topics covered at annual site review
 - Agendas, hand-outs, etc.

Retailer Compliance Checks (Synar/Alcohol buys)

Minimum Evaluation

- Completed Synar data sheets for tobacco inspections
- Provide documentation of efforts at annual site review for alcohol checks
 - Buy/compliance rates
 - Number of checks done
 - Number of reward letters/citations issued

Trainings

These could be teacher or community trainings where there is no funding responsibility or oversight for the resulting implementation of the program being trained.

Minimum Evaluation

- PATS information
 - Demographics, Hours
- Provide documentation of topics covered at annual site review
 - Agendas, hand-outs, etc.

DIRECT SERVICES

One-time Events

These are events that are held for large groups or communities of people such as a school-wide assembly, health fair or community-wide event.

Minimum Evaluation

- PATS information
 - Demographics, Hours
 - Exact count if possible, on demographics
 - Estimates based on community or group if exact count is not possible
 - This information could be gathered from census.gov, school data, etc.
 - There will be an estimate box to check in PATS and field to enter what the estimate was based on.

Classes

These are classes that have a stable roster; are time-limited; have a set curriculum; and a defined entry and exit.

Minimum Evaluation

- Multiple Sessions checked in PATS
- PATS information
 - Demographics, Hours **OR**
 - Clients checked in PATS and attendance kept
- Pre/Post tests (matched if possible)
 - Include appropriate risk/protective factor scales based on the expected outcomes listed in the logic model
 - Other questions may be required based on federal guidelines
 - This information will be submitted electronically to the State (format to be determined)

Drop-In Programs

These are programs that do not have a set roster. Participants come and go as they please. Some examples would be tutoring centers, after-school programs, etc.

Minimum Evaluations

- PATS information
 - Demographics, Hours
 - May be aggregated over 30 days and reported monthly
 - Demographics can be estimated or collected via a sign-in sheet

Youth Coalitions

Minimum Evaluation

- Provide documentation of efforts at annual site review
 - Planning, youth implemented programs, press releases, etc.
- PATS information
 - Demographics, Hours

Open-Entry/Exit Classes

These are classes where the curriculum is in set modules, but the participants may start at any point and then stay until they have completed a full cycle.

Minimum Evaluation

- Multiple Sessions checked in PATS
- PATS information
 - Demographics, Hours **OR**
 - Clients checked in PATS and attendance kept

- Pre/Post tests (matched if possible)
 - Pretest at attendee's first session
 - Post-test at attendee's last or second to last module
 - Include appropriate risk/protective factor scales based on the expected outcomes listed in the logic model
 - Other questions may be required based on the Federal guidelines
 - This information will be submitted electronically to the State (format to be determined)

Mentoring

This is a one-on-one or small group long-term relationship. The emphasis is on the relationship building and bonding.

Minimum Evaluation

- PATS information
 - Demographics, Hours
 - Reported for mentees and PEER mentors
- Pre-tests
 - Of mentees to assess risk level
 - Mentors, if they are peers (youth)
 - This information will be submitted electronically to the State (format to be determined)
- Post-tests
 - Administered to mentees and PEER mentors
 - Towards end of relationship period or annually, whichever is sooner.
 - This information will be submitted electronically to the State (format to be determined)

Peer Court

These standards assume that the Local Authority is working primarily in the training of the youth judges.

Minimum Evaluation

- PATS information for training of judges
 - Demographics, Hours

Counseling

These are programs such as BSFT or FFT. These clients cannot have a DSM-IV diagnosis for a substance abuse disorder, or treatment funds must be used instead of prevention funds.

Minimum Evaluation

- PATS information
 - Demographics, Hours
- Matched Pre/Post tests
 - Include appropriate risk/protective factor scales based on the expected outcomes listed in the logic model
 - Other questions may be required based on the Federal guidelines
 - This information will be submitted electronically to the State (format to be determined)

OTHER SUGGESTED EVALUATION METHODS

INDIRECT SERVICES

Media Campaigns, Public Service Announcements, Press Releases

- Logs of interest generated, calls received, web hits, etc.
- Ad recall surveys
- Focus groups on content

Retailer Trainings

- Satisfaction surveys
- Pre/post knowledge gain

Retailer Compliance Checks (Synar/Alcohol buys)

- Archival data (juvenile stats)
- PNA – perceived availability
- Resources devoted to spot checks of signs

Trainings

- Knowledge gain surveys
- Evaluation of teaching skills
- Survey of how likely the trainees are to use the training
- Satisfaction survey
- Follow-up survey to see how many trainees are implementing the training

DIRECT SERVICES

One-time Events

- Post-only satisfaction surveys
- Calls generated, web hits, etc if literature is handed out.

Classes

- Tracking of topics covered
- Knowledge gain questions on pre/post tests
- Fidelity of program
 - Documentation of changes in intended population
 - Documentation of changes in curriculum
- Match of pre-tests to community RF/PF profiles to see if the program has the “right” participants
- School attendance/grades outcomes
- Discipline referrals
- Parent observation/feedback
- Instructor observation/feedback

Drop-In Programs

- Satisfaction survey after session
- First/last session questionnaire
- Parent/teacher observation of behavior
- School-wide surveys of awareness or use of program

Youth Coalitions**Other Suggested Evaluations**

- Pre/Post of attitudes and pro-social involvement
- Awareness surveys at school
- Parent surveys
- Teacher observations
- GPA, referrals, attendance, etc.

Open-Entry/Exit Classes

- Tracking of topics covered
- Fidelity of program
 - Documentation of changes in intended population
 - Documentation of changes in curriculum
- Match of pre-tests to community RF/PF profiles to see if the program has the “right” participants
- School attendance/grades outcomes
- Discipline referrals
- Parent observation/feedback
- Instructor observation/feedback

Mentoring

- GPA, attendance, referrals, etc.
- Annual follow-up and/or periodic review of relationship
- Records of activities (scrapbooks)
- Exit survey with termination reason
- Pre/post of waiting list
- Satisfaction survey of adult mentors

Peer Court

- Any information the local would like to collect on the kids that are referred to the peer court

Counseling**Other Suggested Evaluations**

- Referral source
- Reason for referral
- Parent/teacher observations
- Changes in school performance

Data Submission and Outcome Requirements:

¹Substance Abuse and Mental Health Data Reporting Deadlines

All ²information system and ³outcomes system data are to be submitted ⁴electronically according to the following schedule:

Reporting Period Deadline:

Quarter 1 (July 1-September 30) November 15

Quarter 2 (October 1-December 31) February 15

Quarter 3 (January 31-March 31) May 15

Quarter 4 (April 1-June 30) August 15

¹Penalties for non-compliance are shown in the contract.

²Information system is the Mental Health and Substance Abuse Data Sets (TEDS and MHE)

³Outcomes system data are:

Adults:	⁵ OQ [®] 45.2 – adult outcome measure (ages 18+)
	⁵ SOQ [®] 2.0 – SPMI outcome instruments (self or clinician)
	³ MHSIP Consumer Survey
Children/Youth:	³ YOQ [®] 30.1
	⁵ YOQ [®] 2.01 – youth outcome measure (ages 4-17)
	⁵ YOQ [®] 2.01SR – youth outcome measure (ages 12-18)
	⁵ YOQ [®] 30.1 – omni form youth outcome measure (ages 4-17)
	⁵ YOQ [®] 30.1SR – omni form youth outcome measure (ages 12-18)
	Parents/ Youth
	³ Youth Services Survey (MHSIP)
	Parents- YSS-F / Youth- YSS

⁴Electronic submissions must be made through the Division SAMHIS system. ⁵OQ Measures instruments are to be completed in the OQ Analyst Hosted System (OQA-HS) upon availability for a given provider.

Adult and Youth Consumer Satisfaction Surveys

Methods - MHSIP

Introduction

The Mental Health Statistical Improvement Program (MHSIP) is a self-report consumer satisfaction survey for adults in mental health and/or substance abuse treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The survey consists of the following domains: general satisfaction, access to treatment, quality/appropriateness, participation in treatment, and outcomes. Each Domain has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree. A “not applicable” answer is also available.

Data Collection Procedures

The MHSIP is a paper/pencil survey, available in English and Spanish. The MHSIP is given as a point in time, convenience survey one time during the year. DSAMH prints the surveys and then delivers the surveys to the county/agency prior to their chosen dates of administration. The surveys are administered at the agency level for a four-week period of their choosing during the months of February, March and/or April. The agency may choose to overlap or separate the survey administration from that of the YSS/YSS-F. The surveys are given to adult substance abuse and/or mental health consumers when they present for treatment regardless of the modality of treatment or length of stay in treatment. Surveys are color coded so agency staff may distinguish between the different versions- MHSIP (white), \ MHSIP Spanish (yellow).

Scoring and Data Analysis

The survey forms are provided by DSAMH. Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page is retained by the agency prior to sending the survey to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the centers.

METHODS – YSS/YSSF

Introduction

There are two parallel versions of the survey for youth in substance abuse and/or mental health treatment, one for youth (YSS) and one for the youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The surveys consist of the following domains: satisfaction, access to services, participation in treatment, outcomes, cultural sensitivity, criminal justice contact, school attendance, social connectedness (YSS-F), and improved functioning (YSS-F). Each of the questions has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree.

Data Collection Procedures

The YSS and YSS-F are paper/pencil surveys, available in English and Spanish. The YSS and YSS-F are given as a point in time, convenience surveys one time during the year. DSAMH prints the surveys and then delivers the surveys to the county/agency prior to their chosen dates of administration. The surveys are administered at the agency level for a four-week period of their choosing during the months of February, March and/or April. The agency may choose to overlap or separate the survey administration from that of the MHSIP. The YSS survey is given to youth (ages 13-18) substance abuse and/or mental health consumers when they present for treatment regardless of the modality of treatment or length of stay in treatment. The YSS survey is given to the parent or caretaker of the youth consumer. Surveys are color coded so agency staff may distinguish between the different versions- YSS (beige), YSS Spanish (pink), YSS-F (green), YSS-F Spanish (lavender).

Scoring and Data Analysis

The survey forms are provided by DSAMH. Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page is retained by the agency prior to sending the survey to DSAMH. Aggregate numbers for the state and each provider will be incorporated into an annual report and scorecard. Provider data will be returned for their own use and analysis.

Outcomes Informed Treatment

Methods and Background for OQ/YOQ Administration and Requirements

Instrument Description and Characteristics

The adult Outcome Questionnaire[®] (OQ[®]) and its closely related child-adolescent version, the Youth Outcome Questionnaire[™] (Y-OQ[®]), have, for a number of years, been recognized as one of the leading outcome tracking methodologies for quantifying and evaluating the progress of behavioral health therapy. These outcome measures have been widely adopted by a variety of behavioral and other health care service organizations (e.g. small clinics, large health care institutions, university counseling centers and all branches of the military). The OQ/YOQ are empirically supported instruments that are proven through research to be sensitive to change.

Results of the OQ/YOQ are immediately compared to population norms developed through intensive research and data collection since their release in the early 1990s. Leveraging the full effectiveness of these tools in clinical practice and for immediate assessment and notification of patient treatment outcomes, will require the use of software and technology to quickly inform clinicians regarding patient progress and status. DSAMH has contracted with OQ Measures to provide a statewide software system for the administration, clinical notification and feedback, data collection, analysis, and reporting of these evidence based instruments. The system is OQ[®] Analyst and was developed by OQ Measures in partnership with Lanark Systems. The OQ Analyst system will provide Utah 's public community mental health and substance abuse treatment system with the following:

- A platform that allows for distributed, online reporting and electronic administration and scoring,
- The ability to measure positive or negative change in a patient's mental health and alert clinicians to possible negative outcomes prior to treatment failure,
- Various feedback reports designed to provide information to clinicians, administrators and patients,
- Algorithms that faithfully incorporate the rigorous OQ[®] and Y-OQ[®] research findings, and
- Built-in security protocols to comply with HIPPA and 42CFR data security regulations and protect private patient information.

The OQ[®] Analyst is designed to run in a wireless or local area network environment and allows users to access the application from multiple computers through the use of a secure web portal. The software also includes a scanning utility that is installed on any computer used for scanner input as well as a Microsoft Pocket PC version of the software that is installed on handheld PDAs for repeated electronic administration. Workstation or Kiosk administration will also be available.

Sampling and Data Collection Procedures

DSAMH will require that all Mental Health and Substance Abuse programs utilize these measures for all patients served in publicly funded programs. The instruments will require repeated administration. DSAMH will require that the OQ/YOQ be given to all patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge / discontinuation (inpatient for community mental health and ASAM levels .5 are exempt).

DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical effectiveness, providers are encouraged to administer the instruments at every encounter for outpatient, weekly for residential, group treatment programs, and inpatient at the State Hospital (USH). The instruments are to be completed by the patient / consumer or by the parent / guardian. Staff are not to administer the instruments on the patient / consumers behalf.

The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol for each provider. There should be evidence that the results are being shared with the patient / consumer and family or guardian, and incorporated into the clinical process.

DSAMH requires that providers develop effective policies and clinical training to ensure that clinicians address in clinical progress notes and / or treatment plans any significant change in the alert status or critical item status on the OQ/YOQ. In the case of suicide alerts, crisis and/or safety plans should also be in place. Other critical items reported as “frequently” should also be addressed in the treatment plan. Providers should consider incorporating clinical process that benefits from the feedback messages and normative comparison groups provided on the OQ/YOQ.

These requirements become effective for providers as the OQ Analyst system is implemented within their agency. Until such time the providers are required to continue with the minimum requirement to administer the Youth Outcome YOQ at intake and every 90 days, and that providers begin to utilize clinically the YOQ results as stated above.

Scoring and Data Analysis

The Division will be a user of this system, similarly to providers, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with providers and used to inform others regarding system effectiveness and clinical best practice.

The Division will merge the OQ/YOQ data with other client level data maintained by the Division in the SAMHIS system. In addition, aggregate data and/or general system access will be made available to UBHN.

Results will be used in the Division scorecard for mental health treatment outcomes and in the Department’s balanced scorecard. Result will be reported to the Governor, legislature, local and local county authorities.